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DEED IN TRUST

DEPT-91 RECORDINGS #27.50  
T#0806 TRAN 5250 09/10/91 15:33:00  
#1845 # F \*--91-469121

THIS INDENTURE WITNESSETH, that EFFIE E. COLLMAN, a spinster, of Cook County, in the State of Illinois CONVEYS AND WARRANTS TO EFFIE E. ALLMAN, as Trustee, under the provisions of a Trust Agreement dated the 30th day of August, 1991, hereinafter referred to as "said trustee", of Cook County, in the State of Illinois, for and in consideration of TEN (\$10.00) DOLLARS the receipt whereof is hereby acknowledged, the following described real estate in Cook County, in the State of Illinois, to-wit:

Lot 708 in Woodgate Green Unit No. 5, being a subdivision of part of the East half of the Northwest quarter of Section 17, Township 35 North, Range 13, East of the Third Principal Meridian, according to the Plat thereof recorded December 31, 1974 as Document No. 22951732 in Cook County, Illinois

situated in the County of Cook, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Full power and authority is hereby granted to said trustee to mortgage, sell and convey said real estate and also to encumber same with restrictions.

In no case shall any party dealing with said trustee in relation to said premises or to whom said real estate or any part thereof shall be sold or conveyed be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of said trustee or be obliged or privileged to inquire into any of the terms of said trust agreement; and every deed, trust deed, or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance or other instrument:

a. that at the time of the delivery thereof the trust created by this indenture and by said trust agreement was in full force and effect;

b. that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder;

c. that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed or other instrument; and

d. if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties, and obligations of its, his or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable in or to said real estate as such but only an interest in the earnings, avails and proceeds thereof as aforesaid.

Neither said trustee nor his successor in trust shall be personally liable upon any conveyance by either of them, either by deed or mortgage.

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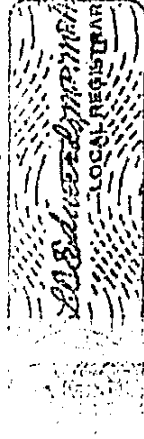
Nov. 30, 1984

STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

LONNIE C. EDWARDS M.D. M.P.A.  
LOCAL REGISTRAR OF VITAL STATISTICS  
OF THE CITY OF CHICAGO, DO HEREBY  
CERTIFY THAT I AM THE KEEPER OF  
THE RECORDS OF BIRTHS, STILLBIRTHS  
AND DEATHS OF THE CITY OF CHICAGO  
BY VIRTUE OF THE LAWS OF THE  
STATE OF ILLINOIS AND THE  
ORDINANCES OF THE CITY OF CHICAGO;  
THAT THE ACCOMPANYING CERTIFICATE  
ON THIS SHEET IS A TRUE COPY AS A  
RECORD KEPT BY ME IN PURSUANCE OF  
SAID LAWS AND ORDINANCES.

SEP 17 2 1985

RECORDER LAPORTE CO.



THIS CERTIFIED COPY VALID  
WHEN MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED

400  
STATE FALS  
NUMBER

623281

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

1. DECEASED - NAME: Phillip M. Allman; SEX: Male; DATE OF BIRTH: November 27, 1984; COUNTY OF DEATH: Cook; RACE: White; MARRIAGE OR BIRTH RECORD NO.: 68; SOCIAL SECURITY NUMBER: Chicago; CITY OF BIRTH: Chicago; MOTHER - MARRIAGE NAME: Holy Cross Hospital; MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married; USUAL OCCUPATION: U.S.A.; CITY, STATE, TERRITORY OR FOREIGN COUNTRY: City of Chgo, Ill, U.S.A.; DATE OF DEATH: August 23, 1916; PLACE OF DEATH: Holy Cross Hospital; NAME OF SURVIVING SPOUSE (GIVEN NAME, IF WIFE): None; DEAR OR DATES OF DEATH: None; WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes; USUAL RESIDENCE: City of Chgo, Ill; STATE: Ill, U.S.A.

2. 325-10-5069; RESIDENCE STREET AND NUMBER: 4412 S. Talman; CITY, TERRITORY OR FOREIGN COUNTRY: Chicago, Ill; FATHER - NAME: Timothy D. Allman; MOTHER - MARRIAGE NAME: Cook; RELATIONSHIP: Sister; MARRIAGE ADDRESS: 175 S. Wedgewood Rd., Matteson, IL 60443; DEATH WAS CAUSED BY: METASTATIC RECTAL CARCINOMA; PART I. CAUSE OF DEATH: METASTATIC RECTAL CARCINOMA 6 MONTHS; CIRCUMSTANCES: DULY ENTERED FOR TREATMENT 3 YRS

3. DATE OF OPERATION, IF ANY: SEP 17 1985; MAJOR FINDINGS OF OPERATION: METASTATIC RECTAL CARCINOMA; DATE OF DEATH: 10-29-84; HOUR OF DEATH: 5:55 P.M.; PLACE OF DEATH: Holy Cross Hospital, Chicago, Ill; SIGNATURE: P. N. Sompallal; NAME AND ADDRESS OF CERTIFIER: P. N. Sompallal, M.D., 6959 S. Pulaski Rd., Chicago, Ill. 60629; TELEPHONE LICENSE NUMBER: 36-45603; NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: None

4. LOCAL FUNERAL HOME: MT. OLIVET; CITY AND ADDRESS ON P. O.: CHICAGO, ILL.; FUNERAL HOME: DONNELLAN FUNERAL HOME, 10525 So. Western, Chicago, IL 60643; LOCAL REGISTRAR'S SIGNATURE: Lonnie C. Edwards, M.D., M.P.A.; LOCAL REGISTRAR'S SIGNATURE NUMBER: 7830; DATE REC'D. BY LOCAL REGISTRAR: NOV 30 1984; LOCAL REGISTRAR'S SIGNATURE NUMBER: 7830

5. LOCAL REGISTRAR'S SIGNATURE: Lonnie C. Edwards, M.D., M.P.A.; LOCAL REGISTRAR'S SIGNATURE NUMBER: 7830; DATE REC'D. BY LOCAL REGISTRAR: NOV 30 1984; LOCAL REGISTRAR'S SIGNATURE NUMBER: 7830

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